



New NIDAMED Tools and Resources for Addressing Prescription Drug Abuse

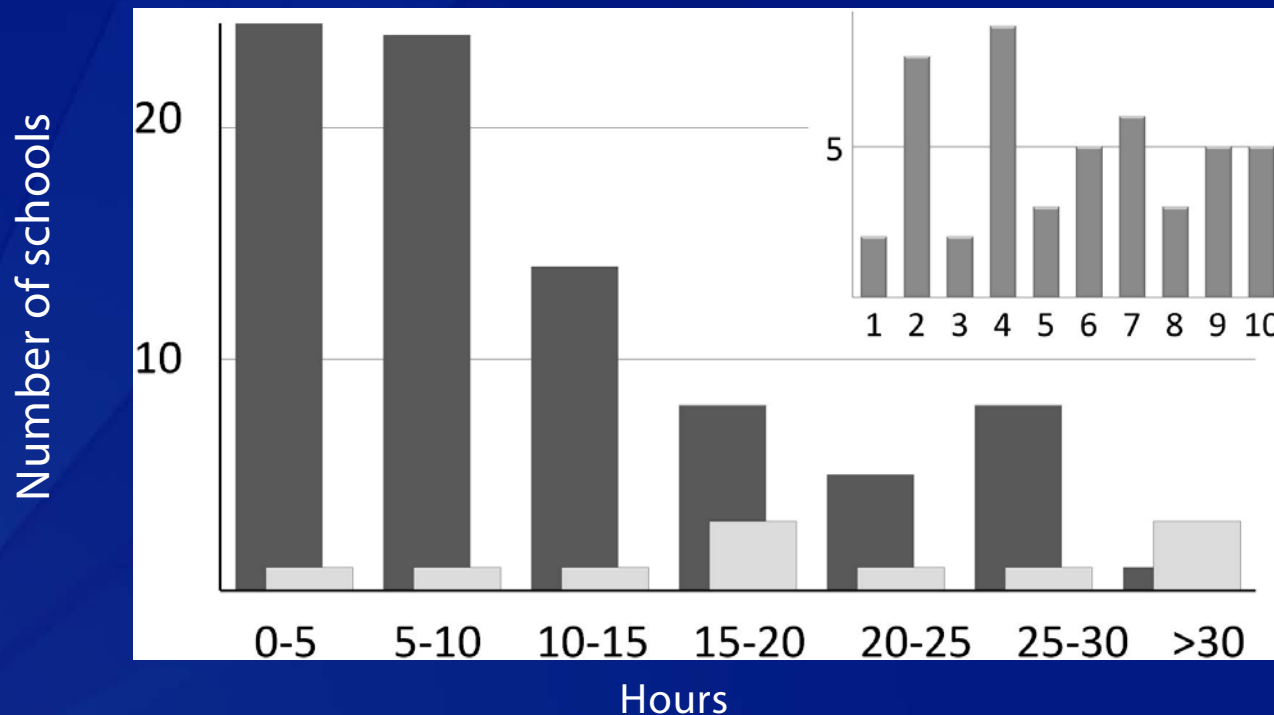
*[Residency educators may use the following slides for
their own teaching purposes.]*

*CDC's Primary Care and Public Health Initiative
October 24, 2012*

Gaps in Medical Education on Pain

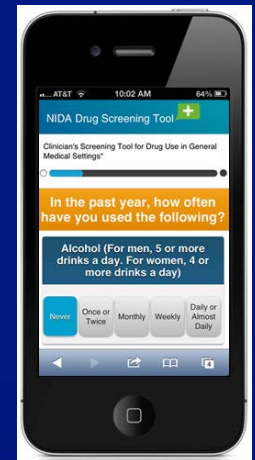
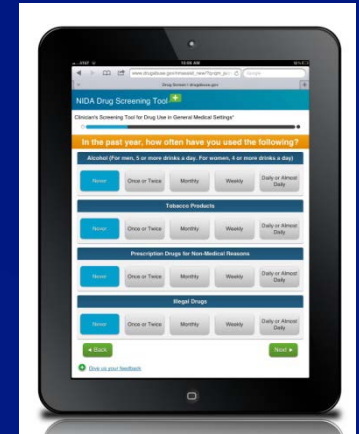
□ Pain curricula in medical schools

- US medical schools have a median of 9 hours of pain education, compared to 19.5 hours in Canadian schools (Canadian vet schools have 87 hours).



NIDA Drug Use Screening Tool

- ❑ NIDA Quick Screen
 - Smith et al., 2010
 - National Institute on Alcohol Abuse and Alcoholism single question screener
- ❑ NIDA-Modified Alcohol, Smoking, Substance Involvement Screening Test (NM ASSIST)
 - ❑ Adapted from WHO ASSIST
- ❑ Electronic version is self-scoring, accessible from mobile devices, provides next steps



Smith PC, Schmidt SM, Allensworth-Davies D, Saitz RA. *Arch Intern Med* 2010;170(13):1155-60.

National Institute on Alcohol Abuse and Alcoholism. *Helping Patients Who Drink Too Much: A Clinician's Guide*.

Humeniuk R, Ali R, Babor TF, Farrell M. *Addiction* 2008;103(6):1039-47.

NIDA Quick Screen

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings*



In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

Tobacco Products

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

Prescription Drugs for Non-Medical Reasons

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

Illegal Drugs

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

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Next ▶

 [Give us your feedback](#)

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings*



Quick Results

Patient is at-risk for prescription drugs.

For more information on risk level, please click "Next" to continue with the full NMASSIST.

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NIDA Modified ASSIST

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings*

In your LIFETIME, which of the following substances have you ever used?

Cannabis

marijuana, pot, grass, hash, etc.

No

Yes

Cocaine

coke, crack, etc.

No

Yes

Prescription stimulants

Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.

No

Yes

Methamphetamine

speed, crystal, ice, etc.

No

Yes

Inhalants

nitrous oxide, glue, gas, paint thinner, etc.

No

Yes

Sedatives or sleeping pills

Valium, Serenax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings*

Prescription opioids

In the past three months, how often you had a strong desire or urge to use this substance?

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

During the past three months, how often has your use of this substance led to health, social, legal or financial problems?

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

During the past 3 months, how often have you failed to do what was normally expected of you because of your use of this substance?

Never

Once or
Twice

Monthly

Weekly

Daily or
Almost
Daily

Has a friend or relative or anyone else ever expressed concern about your use of this substance?

No, never

Yes, but
not in the
past 3
months

Yes, in the
past 3
months

Have you ever tried and failed to control, cut down, or stop using this substance?

NIDA Drug Use Screening Tool

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings*



Results

Patient is at-risk for prescription drugs.

[Learn more about health risks](#) ►

Prescription opioids

fentanyl, oxycodone(OxyContin, Percocet), hydrocodone(Vicodin),
methadone, buprenorphine, etc.

[View Health Risks](#)

MODERATE 24/40 ▼

Score 4-26

- Provide feedback on the screening results
(Suggested feedback.)
- **Advise, Assess, and Assist**
- Consider referral based on clinical judgement
- Offer continuing support

HIV and Hepatitis:

Recommend HIV/Hepatitis B & C testing

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Start Over ▶

NIDA Centers of Excellence for Physician Information

- ❑ Established in 2007 to help fill gaps in current medical education curricula related to both illicit and nonmedical prescription drug use.
- ❑ Four curriculum resources are focused on prescription drug abuse and designed for resident physicians
 - Web module
 - Case study
 - Lecture (slides & notes)
 - Objective Structured Clinical Exam



NIDA CMEs on Prescription Drug Abuse

■ Medscape's Test-and-Teach

- Case-based learning
- Didactic instruction
- Communication modeling with video vignettes
- Educational impact challenge
- References and resources
- CME test



eNIDA
eTool Innovations
for
Provider Education

Talking to Your Patients About Opioids
CME/CNE programs from NIDA and Medscape LLC*

➤ Safe Prescribing for Pain

➤ Managing Pain Patients Who Abuse Rx Drugs

➤ Interactive case-based programs including video demonstrations of clinician-patient conversations.

Visit: www.drugabuse.gov/nidamed

Part of the **NIDAMED** portfolio of medical education resources for substance use disorders.
*Supported by the White House Office of National Drug Control Policy

Module 1: Safe Prescribing for Pain

Safe Prescribing for Pain CME/CE

Gayathri Dowling, PhD; Richard A. Denisco, MD

CME/CE Released: 09/17/2012; Valid for credit through 09/17/2013

This activity is intended for primary care clinicians, neurologists, anesthesiologists, pain specialists, obstetrician/gynecologists, orthopedists, nurse practitioners, nurses and other healthcare practitioners who manage patients with chronic pain.

The goal of this activity is to describe the prevalence of prescription opioid abuse in the United States and the skills and tools clinicians can use to screen for and prevent abuse in patients with pain.

Upon completion of this activity, participants will be able to:

1. Communicate effectively with patients regarding opioid use and abuse
2. Use appropriate opportunities to screen for drug use, including nonmedical use of prescription drugs
3. Evaluate patient risk for opioid pain medication abuse through screening and monitoring
4. Recognize the extent and potential for abuse of prescription opioids
5. Employ prescribing practices that support safe use of prescription opioids

Faculty and Disclosures

As an organization accredited by the ACCME, Medscape, LLC, requires everyone who is in a position to control the content of an education activity to disclose all relevant financial

Continue to Activity

Supported by the National Institute on Drug Abuse, a U.S. Dept of Health and Human Services agency

Credits Available

Physicians - maximum of 1.25 *AMA PRA Category 1 Credit(s)*™

Nurses - 1.25 *ANCC Contact Hour(s)* (0 contact hours are in the area of pharmacology)

You Are Eligible For

- Letter of Completion

Accreditation Statements

For Physicians

Medscape

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From Medscape Education Family Medicine

Safe Prescribing for Pain CME/CE

Gayathri Dowling, PhD; Richard A. Denisco, MD [Faculty and Disclosures](#)

CME/CE Released: 09/17/2012; Valid for credit through 09/17/2013

Supported by the National Institute on Drug Abuse, a U.S. Dept of Health and Human Services agency

CME/CE Information

The following test-and-teach case is an educational activity modeled on the interactive grand rounds approach. The questions within the activity are designed to test your current knowledge. After each question, you will see whether you answered correctly and can then read evidence-based information that supports the most appropriate answer choice. Please note that these questions are designed to challenge you; you will not be penalized for answering the questions incorrectly. At the end of the case, there will be a short posttest assessment based on material covered in the activity.

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CASE PRESENTATION



Joelle is a 25-year-old woman who sustained a third-degree ankle sprain in a motor vehicle accident. She was transported to a local hospital emergency department (ED) where she was treated, her ankle was placed in a boot, and she was given crutches. The treating clinician assessed the patient prior to prescribing pain medication.

Which of the following would be the least important factor to consider before prescribing pain medication for this patient?

- ☐ Her personal or family history of drug abuse
- ☐ Any history of mood disorder, especially unipolar depression
- ☐ Cigarette smoking history
- ☐ Any history of concussion or mild traumatic brain injury

Save and Proceed

Safe Prescribing for Pain CME/CE

Gayathri Dowling, PhD; Richard A. Denisco, MD Faculty and Disclosures

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CME/CE Information

Which of the following would be the least important factor to consider before prescribing pain medication for this patient?

Her personal or family history of drug abuse

Any history of mood disorder, especially unipolar depression

Cigarette smoking history

☒ Any history of concussion or mild traumatic brain injury

Correct Answer

Your Colleagues Responded:

29%

0%

14%

57%

A personal or family history of drug abuse, a history of mood disorders, and a history of current or prior cigarette smoking are all risk factors for prescription opioid abuse. There is no evidence of a causal relationship between traumatic brain injury and onset of opioid abuse.

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RISK FOR ABUSE

Prescription opioid analgesics are the primary treatment option for patients in pain. In fact, over the past 2 decades, prescriptions for these medications has skyrocketed, increasing 4-fold since the early 1990s.^[1] Yet many health professionals are concerned about how to effectively treat pain while minimizing the risk of diversion and abuse. Among the challenges facing clinicians are (1) identifying those patients for whom prescription opioid analgesics might be the most effective treatment option; (2) identifying patients who might require close monitoring with prescription opioids because they possess risk factors for potential abuse; and (3) identifying the subset of patients who might be abusing prescribed opioid analgesics, including those prescribed by their clinician, otherwise illegally obtained, or both.



Module 1: Safe Prescribing for Pain

- ❑ Appropriate uses of pain medication
- ❑ Risk/benefit framework
- ❑ Screening tools
- ❑ Epidemiology of prescription drug abuse
- ❑ Expectations of opioid treatment
- ❑ Universal precautions approach
- ❑ Treatment agreements
- ❑ Signs of possible abuse vs. under-treatment of pain
- ❑ Discontinuing treatment/proper disposal

Module 2: Managing Pain Patients Who Abuse Prescription Drugs

Managing Pain Patients Who Abuse Prescription Drugs CME/CE

Gayathri J. Dowling, PhD; Richard A. Denisco, MD

CME/CE Released: 09/12/2012; Valid for credit through 09/12/2013

Continue to Activity

Supported by the National Institute on Drug Abuse, a U.S. Dept of Health and Human Services agency

This activity is intended for primary care providers, neurologists, anesthesiologists, pain specialists, obstetrician/gynecologists, orthopedists, nurse practitioners, nurses and other healthcare practitioners who manage patients with chronic pain.

The goal of this activity is to describe the symptoms and prevalence of opioid addiction and dependence in patients with chronic pain, and the steps clinicians can take to screen for, prevent, and treat such these conditions.

Upon completion of this activity, participants will be able to:

1. Develop strategies to assess and monitor patients taking opioids for abuse and potential diversion of medication
2. Propose communication strategies to engage patients in dialog focused on treatment of prescription drug abuse or addiction
3. Formulate treatment management and possible referral plans to prevent and address opioid addiction in patients with a diagnosis of chronic pain

Faculty and Disclosures

As an organization accredited by the ACCME, Medscape, LLC, requires everyone who is in a position to control the content of an education activity to disclose all relevant financial

Credits Available

Physicians - maximum of 1.25 *AMA PRA Category 1 Credit(s)*™

Nurses - 1.25 *ANCC Contact Hour(s)* (0 contact hours are in the area of pharmacology)

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From Medscape Education Family Medicine

Managing Pain Patients Who Abuse Prescription Drugs CME/CE

Gayathri J. Dowling, PhD; Richard A. Denisco, MD [Faculty and Disclosures](#)

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Case Presentation




Edward, a 52-year-old warehouse employee, injured his back at home getting ready for a move out of state. It is now 2 months later and he is in your office as a new patient. He describes the pain at 7/10, aching in the center of the back without radiation, and no numbness or weakness and no bowel or bladder dysfunction. The pain is worse with bending, cough, or straining with bowel movements.

You have no chart, but the patient describes an initial treatment plan by a prior provider consisting of ibuprofen, tizanidine, ice, heat, stretching, and later physical therapy. He was seen by a physiatrist after a magnetic resonance imaging (MRI) showed multilevel disc disease without encroachment. An epidural steroid injection under fluoroscopy did not help to alleviate his pain. Edward is now unemployed and

spends much of his day in bed due to continued disabling pain, even though he's on hydrocodone/acetaminophen 10/325 mg 6 pills a day. He currently appears sleepy with diminished affect and is asking for something stronger than the hydrocodone.

The physical exam shows tight muscles in the low back with diffuse tenderness and triggering of the pain down the right leg. His range of motion is restricted by pain, with a negative neurologic exam including a normal straight leg raise. Provocative testing of the sacroiliac joint and piriformis muscle are negative.



Module 2: Managing Pain Patients Who Abuse Prescription Drugs

- ❑ Screening for drug use
- ❑ Epidemiology of prescription drug abuse
- ❑ Risk factors
- ❑ Risk/benefit framework
- ❑ 4 A's of opioid treatment
- ❑ Universal precautions approach
- ❑ Treatment agreements
- ❑ Continuous monitoring, including urine drug screens
- ❑ Signs of possible abuse
- ❑ Opioid abuse screening tools
- ❑ 5 A's of intervention
- ❑ Available treatments for opioid abuse

NIDAMED

The screenshot displays the NIDAMED website interface. At the top, it identifies the National Institutes of Health and the National Institute on Drug Abuse, with the tagline 'The Science of Drug Abuse & Addiction'. A navigation bar includes links for Drugs of Abuse, Related Topics, Publications, Funding, News & Events, and About NIDA. A search bar and social media links are also present. The main content area is titled 'E-Tool Innovations' and lists several resources: 'Safe Prescribing for Pain' (a video resource), 'Managing Pain Patients Who Abuse Rx Drugs' (a video resource), 'Medscape' (offering 1.25 CME/CE credits), and 'NIDA' (offering unaccredited modules). A sidebar on the right features a 'Looking for Treatment?' section with the SAMHSA Treatment Locator, a 'Drug Screening Tool' link, and a 'Centers of Excellence' link. The footer contains a list of site links (Home, Site Map, FAQs, Accessibility, Privacy, FORADHD, Employment, Contact, Archives) and logos for the NIH and USA.gov.

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The Science of Drug Abuse & Addiction

Researchers | Medical & Health Professionals | Patients & Families | Parents & Teachers | Students & Young Adults

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Home ► NIDAMED ► E-Tool Innovations

E-Tool Innovations

Below are resources and tools for physicians and medical students to use in their practice and medical training. Find the tools that are right for you.

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The goal of this activity is to describe the prevalence of prescription opioid abuse in the United States and the skills and tools clinicians can use to screen for and prevent abuse in patients with pain.

Managing Pain Patients Who Abuse Rx Drugs

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Medscape

Earn 1.25 CME/CE credits on Medscape Education ►

NIDA

Explore the unaccredited module to enrich clinical best practices ►

Medscape

Earn 1.25 CME/CE credits on Medscape Education ►

NIDA

Explore the unaccredited module to enrich clinical best practices ►

Looking for Treatment?

Use the [SAMHSA Treatment Locator](#) or 1-800-662-HELP.

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eTool Innovations
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NIDAMED

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PDF documents require the free [Adobe Reader](#). Microsoft Word documents require the free [Microsoft Word viewer](#). Microsoft PowerPoint documents require the free [Microsoft PowerPoint viewer](#). Flash content requires the free [Adobe Flash Player](#).

NIH...Turning Discovery Into Health®

- NIDAMED Resources
<http://www.drugabuse.gov/nidamed-medical-health-professionals>
- NIDA Drug Use Screening Tool
<http://www.drugabuse.gov/nmassist>